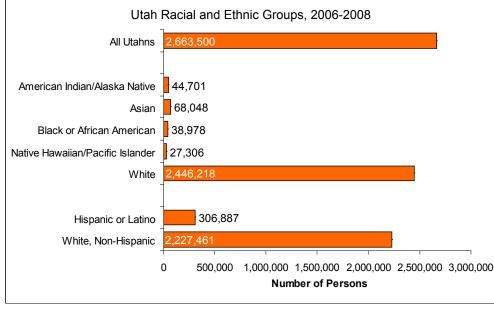
D E M O G R A P H I C C O N T E X T



Proportion of the Utah Population

Why Is It Important?

Our current health system was developed based on the needs and perspectives of the majority of Utahns, most of whom are non-Hispanic White. As a result, Utahns of other cultures often experience barriers to receiving culturally appropriate health care. Because of this and other social factors, the health status of minority racial and ethnic groups is often poorer than that of the majority population.¹



How Are We Doing?

- Non-Hispanic Whites made up 83.6% of the Utah population from 2006-2008.
- Hispanics/Latinos were Utah's largest minority group, making up 11.5% of the Utah population.
- Native Hawaiians/Pacific Islanders were Utah's smallest minority group, making up 1.0% of the Utah population. However, Utah has a larger Native Hawaiian/Pacific Islander population than most other states.²
- About three-quarters of the foreign-born population in Utah are racial or ethnic minorities, compared with only 10 percent of the native-born population.³
- Over the past 30 years, immigrants have come to Utah in record numbers.³
- The Utah minority share of the population grew from 1.9% in 1960 to 17.7% in 2007.³
- Most newcomers to Utah, both immigrants and from other U.S. states, are in their childbearing years. They bring children with them and give birth to children after they arrive, increasing Utah's diversity.³

How Can We Improve?

Persons from different cultures often need information about the complicated and unfamiliar U.S. health system and maintaining their health in an unfamiliar environment. Health professionals are often accustomed to serving only people from majority cultures and need assistance to better serve minorities.

Percentage of Utahns and Total Population by Race, 2006-2008

Race/Ethnicity	Percent of Utahns	Total Population (95% CI Range)				
All Utahns	100.0%	2,663,500				
American Indian/Alaska Native	1.7%	44,701 (43,361-46,041)				
Asian	2.6%	68,048 (<i>67,092- 69,004</i>)				
Black or African American	1.5%	38,978 (<i>37,941- 40,015</i>)				
Native Hawaiian/Pacific Islander	1.0%	27,306 (<i>26,326- 28,286</i>)				
White	91.8%	2,446,218 (<i>2,445,677- 2,446,75</i> 9)				
Hispanic or Latino	11.5%	306,887 (305,973-307,801)				
White, Non-Hispanic	83.6%	2,227,461 (<i>2,224,722- 2,230,200</i>)				

Source: American Community Survey
Population Estimates are for Race Alone or in Combination with Other Races

The UDOH, Center for Multicultural Health encourages and assists health care and public health professionals to provide culturally and linguistically appropriate services and provides resources to help minorities achieve optimal health, such as the online Multilingual Library. The UDOH, TB Control and Refugee Health Program provides case management and health services to refugees. The Program also offers medical interpreter training free of charge to qualified interpreters working for health-related non-profit agencies throughout the state.

Age Distribution

Why Is It Important?

The age of a population has implications for the types of services emphasized (e.g., family planning versus cancer screening). The median age is that at which half the population is younger and the other half older.



- From 2006-2008, half of Utahns were under 28.5 years
- Utahns are on average younger than the rest of the U.S. population.4
- The Utah American Indian/ Alaska Native, Asian, Black/

African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino populations had significantly younger median ages than the statewide population.

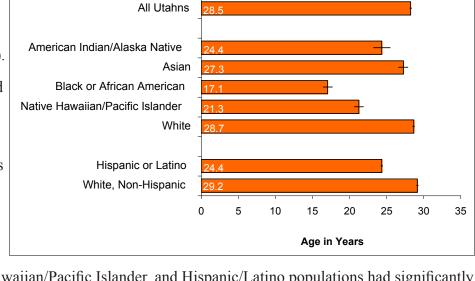
Young adults in their childbearing years, with their children, compose the majority of migration to Utah. These new residents are more diverse than the native population.³

Hispanics/Latinos and Native Hawaiians/Pacific Islanders have higher fertility rates than the Utah population.³

Nearly one-fourth of preschool-age persons in Utah in 2007 were racial or ethnic minorities. In contrast, less than 10% of retirement-age Utahns were minorities.³



It is especially important that services targeted to children and young people be culturally appropriate because of the diversity of younger people in Utah. As these young people age, the statewide population will become much less homogenous. The UDOH, Center for Multicultural Health encourages and assists health care and public health professionals to provide culturally and linguistically appropriate services. Because health status is strongly associated with age, and Utah racial and ethnic minorities are younger than the statewide population, UDOH uses age-adjusted estimates of health status to analyze health disparities when appropriate. (See Appendix E.)



Median Age by Race and Ethnicity, Utah, 2006-2008

Age Distribution and Median Age of Utah Racial and Ethnic Populations, 2006-2008

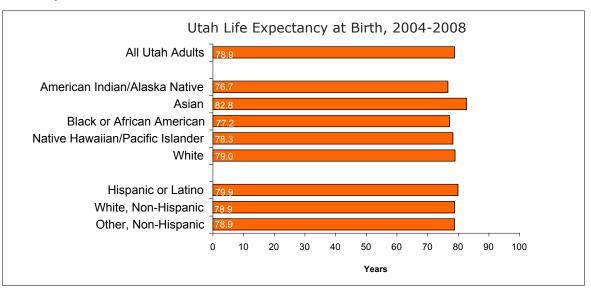
Race/Ethnicity	<5	5-17	18-24	25-34	35-44	45-54	55-64	65-74	75 +	Median Age in Years (95% CI Range)
All Utahns	9.7%	21.3%	12.3%	16.1%	12.1%	11.5%	8.1%	4.7%	4.2%	28.5 (28.4 - 28.6)
American Indian/Alaska Native	9.9%	27.5%	13.5%	15.6%	11.8%	10.8%	7.0%	2.6%	1.4%	24.4 (23.3 - 25.5)
Asian	11.6%	21.7%	11.9%	18.1%	14.0%	10.4%	6.2%	3.4%	2.6%	27.3 (26.7 - 27.9)
Black or African American	16.8%	35.2%	13.7%	11.1%	9.2%	7.4%	4.0%	1.5%	1.2%	17.1 (16.5 - 17.7)
Native Hawaiian/Pacific Islander	13.1%	29.0%	15.9%	14.2%	11.9%	8.1%	4.1%	2.5%	1.1%	21.3 (20.7 - 21.9)
White	9.7%	21.0%	12.3%	16.0%	11.8%	11.6%	8.3%	4.9%	4.4%	28.7 (28.6 - 28.8)
Hispanic or Latino	14.0%	26.3%	10.6%	19.3%	14.1%	8.2%	4.1%	2.0%	1.3%	24.4 (23.2 - 25.6)
White, Non-Hispanic	9.2%	20.4%	12.5%	15.7%	11.6%	12.0%	8.7%	5.2%	4.7%	29.2 (28.9 - 29.5)

Source: American Community Survey. Estimates are for average of 2006-2008 years and for race alone or in combination with other

Life Expectancy at Birth

Why Is It Important?

Life expectancy is often used to gauge the overall health of a community. It is an estimate of the expected average number of years of life (or a person's age at death) for individuals who were born into a particular population. Small increases



in life expectancy translate into large increases in the size of the population. As the life expectancy of a population lengthens, the number of people living with chronic illnesses tends to increase because chronic illnesses are more common among older persons.⁵

How Are We Doing?

- The Utah life expectancy at birth from 2004-2008 was 78.9 years.
- Life expectancy has increased over the past century.⁵
- Asian Utahns had the highest estimated life expectancy of all Utah racial and ethnic groups.

Life Expectancy at Birth, Utah, 2004-2008

Race/Ethnicity	Life Expectancy
All Utahns	78.9
American Indian/Alaska Native	76.7
Asian	82.8
Black or African American	77.2
Native Hawaiian/Pacific Islander	78.3
White	79.0
Hispanic or Latino	79.9
White, Non-Hispanic	78.9
Other, Non-Hispanic	78.9

Source: Office of Public Health Assessment.

Death data from Utah Death Certificate Database, 2004 to 2008. Five year population count based on Office of Public Health Assessment, 2006 population estimates.

The Reed-Merrill method was used for calculating life expectancy.

There are no confidence intervals for these data; significant differences between the life expectancies cannot be evaluated.

The life expectancies for several groups are based on small numbers; they could change noticeably with a few additional deaths overall or with additional deaths in a particular age group.

- American Indian/Alaska Native Utahns had the lowest estimated life expectancy all Utah racial and ethnic groups.
- Life expectancy at birth is strongly influenced by deaths among younger age groups. The Utah American Indian/ Alaska Native population has the highest rates of unintentional injury death and violent death of all Utah racial and ethnic groups. These kinds of death frequently affect younger people. (See page 66 and page 71.)

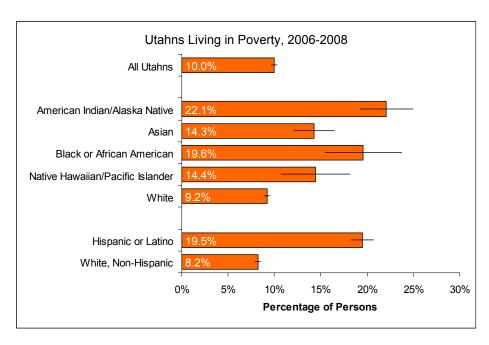
How Can We Improve?

Physical activity, healthy diet and weight, not smoking, moderate use of alcohol, and injury prevention such as wearing seat belts all contribute to a longer life span. Life expectancy at birth can be improved particularly by reducing infant mortality, unintentional injury death, and violent death. Improvements in life expectancy increase the proportion of older individuals living in society. Policy-makers must be aware of this trend in order to provide viable and attractive options for elderly persons who require assistance with activities of daily living. The Utah Department of Human Services, Division of Aging & Adult Services provides people who are 60 or older with health promotion activities, nutrition services such as Meals on Wheels, and services to help seniors with activity limitation continue living in their homes.

Poverty

Why Is It Important?

Persons living in poverty are less healthy than other Utahns in many ways. 6 Poverty status takes into account income and family size. The measure is based on the poverty guidelines published annually by the U.S. Department of Health and Human Services. In 2009, the poverty guideline for a family of four was \$22,050.7 The percentage of persons in poverty provides an indicator of the financial resources available for basic necessities to maintain or improve individual and family well being such as food, clothing, and health care.6



How Are We Doing?

- From 2006-2008, 10% of
 - Utahns—more than 266,000 people—were living in poverty in Utah.
- American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino Utahns had significantly higher poverty rates than all Utahns.
- White, Non-Hispanic Utahns had a significantly lower poverty rate than all Utahns.
- Poverty rates on this page have not been age-adjusted. All Utah minority populations are, on average, younger than all Utahns, and therefore earlier in their careers and lifelong earning power. This may account for some share of the higher poverty rates.
- Since January 2008, the United States has experienced an economic recession which has resulted in many lost jobs. Therefore, it is likely that updated measures of poverty status will show an increase in poverty.

How Can We Improve?

Health care "safety net" programs such as Medicaid, CHIP, and the Primary Care Network (PCN) provide some relief to those who are eligible. Utah's community health centers also fill a critical niche in providing high-quality health care services to Utahns of any income level. Programs such as Head Start and those that provide assistance linking people with jobs aim to reduce poverty by increasing social functioning

Percentage of Utahns Living in Poverty, 2006-2008

Race/Ethnicity	# in Poverty	Total Population	Crude Rate (95% CI Range)	Sig.*
All Utahns	266,350	2,663,500	10.0% (9.7%- 11.6%)	n/a
American Indian/Alaska Native	9,879	44,701	22.1% (19.3%- 29.7%)	1
Asian	9,731	68,048	14.3% (12.1%- 13.7%)	1
Black or African American	7,640	38,978	19.6% (15.5%- 23.5%)	1
Native Hawaiian/Pacific Islander	3,932	27,306	14.4% (10.7%- 18.9%)	1
White	225,052	2,446,218	9.2% (8.9%- 10.5%)	
Hispanic or Latino	59,843	306,887	19.5% (18.3%- 26.3%)	↑
White, Non-Hispanic	182,652	2,227,461	8.2% (7.9%- 8.5%)	\P

Source: American Community Survey. Estimates are for average of 2006-2008 years and for race alone or in combination with other races.

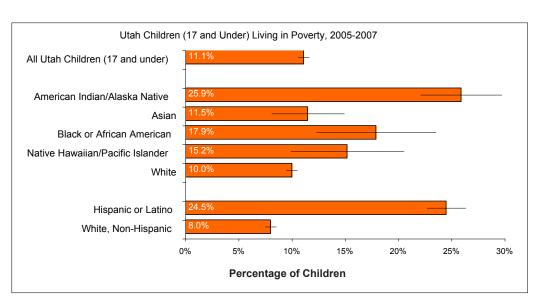
and self-sufficiency. Other programs, such as minimum wage requirements, food stamps, Temporary Assistance for Needy Families (TANF), and government subsidized health insurance and child care, provide assistance to families needing additional support.⁶ Utah Cares, www.utahcares.utah.gov, provides a means to search and apply for state and community services such as medical and financial assistance.

^{*}The crude rate for each race/ethnic population has been noted when it was significantly higher (\uparrow) or lower (\checkmark) than the state rate.

Child Poverty

Why Is It Important?

Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well being, including developmental delays and infant mortality. Well being measures in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty.9



How Are We Doing?

- From 2006-2008, 11.1% of Utah children—more than 91,000 children—were living in poverty in Utah.
- American Indian/Alaska Native, Black/African American, and Hispanic/Latino Utah children had significantly higher poverty rates than all Utah children.
- White, Non-Hispanic Utah children had a significantly lower poverty rate than all Utah children.
- Since January 2008, the United States has experienced an economic recession which has resulted in many lost jobs. 8 Therefore, it is likely that updated measures of poverty status will show an increase in poverty.

How Can We Improve?

Health care "safety net" programs such as Medicaid, CHIP, and the Primary Care Network (PCN) provide some relief to those who are eligible. Utah's community health centers also fill a critical niche in providing high-quality health care services to Utahns of any income level. Programs such as Head Start and those that provide assistance linking people with jobs aim to reduce poverty by increasing social functioning and selfsufficiency. Other programs, such as minimum wage requirements, food stamps, Temporary Assistance for Needy Families (TANF), and government subsidized health insurance and child care, provide assistance to families needing additional support. Utah Cares, www.utahcares.utah.gov, provides a means to search and apply for state and community services such as medical and financial assistance.

Percentage of Utah Children Living in Poverty, 2006-2008

# in Poverty	Total Child Population	Crude Rate (95% CI Range)	Sig.*
91,663	825,789	11.1% (10.6%- 11.6%)	n/a
4,323	16,691	25.9% (22.1%- 29.7%)	1
2,606	22,657	11.5% (9.3%- 13.7%)	
3,627	20,260	17.9% (12.3%- 23.5%)	1
1,747	11,491	15.2% (11.5%- 18.9%)	
75,111	751,106	10.0% (9.5%- 10.5%)	4
30,306	123,697	24.5% (22.7%- 26.3%)	^
52,815	660,184	8.0% (7.5%- 8.5%)	Ψ
	91,663 4,323 2,606 3,627 1,747 75,111 30,306	# in Poverty Population 91,663 825,789 4,323 16,691 2,606 22,657 3,627 20,260 1,747 11,491 75,111 751,106 30,306 123,697	# in Poverty Population Range) 91,663 825,789 11.1% (10.6%-11.6%) 4,323 16,691 25.9% (22.1%-29.7%) 2,606 22,657 11.5% (9.3%-13.7%) 3,627 20,260 17.9% (12.3%-23.5%) 1,747 11,491 15.2% (11.5%-18.9%) 75,111 751,106 10.0% (9.5%-10.5%) 30,306 123,697 24.5% (22.7%-26.3%)

*The crude rate for each race/ethnic population has been noted when it was significantly higher (\spadesuit) or lower (\clubsuit) than the state rate.